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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44644** (5)

1. Corporation Name

**EMERALD HILLS HOMEOWNERS ASSOCIATION OF BREVARD
COUNTY, INC.**

Principal Place of Business

Mailing Address

P. O. BOX 561303
ROCKLEDGE FL 32956-1303
US

P. O. BOX 561303
ROCKLEDGE FL 32956-1303
US



3. Date Incorporated or Qualified

08/12/1991

4. FEI Number

65-0324648

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAR-NAVON, BOAZ
1356 RICHWOOD CIRCLE
ROCKLEDGE FL 32955**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	MYERS, TOM	1.2 NAME	LEE, JANICE
STREET ADDRESS	857 TIFFANY PLACE	1.3 STREET ADDRESS	913 Beryl Dr
CITY-ST-ZIP	ROCKLEDGE FL	1.4 CITY-ST-ZIP	Rockledge FL 32955
TITLE	P	2.1 TITLE	VP
NAME	SWITA, RICK J	2.2 NAME	KING, RICHARD
STREET ADDRESS	908 BERYL DRIVE	2.3 STREET ADDRESS	851 Tiffany Pl
CITY-ST-ZIP	ROCKLEDGE FL	2.4 CITY-ST-ZIP	Rockledge FL 32955
TITLE	T	3.1 TITLE	S
NAME	SMITH, VALERIE	3.2 NAME	ALFIERI, MAXINE
STREET ADDRESS	826 EMERALD WAY	3.3 STREET ADDRESS	840 Tiffany Pl
CITY-ST-ZIP	ROCKLEDGE FL	3.4 CITY-ST-ZIP	Rockledge FL 32955
TITLE	VP	4.1 TITLE	T
NAME	STEWART, GRACIE	4.2 NAME	HEMMA, HELEN
STREET ADDRESS	820 TOPAZ DRIVE	4.3 STREET ADDRESS	850 Tiffany Pl, Rockledge FL 32955
CITY-ST-ZIP	ROCKLEDGE FL	4.4 CITY-ST-ZIP	Rockledge FL 32955
TITLE	D	5.1 TITLE	D
NAME	LEE, SCOTT	5.2 NAME	LYONS, WARD
STREET ADDRESS	913 BERYL DRIVE	5.3 STREET ADDRESS	847 Tiffany Pl
CITY-ST-ZIP	ROCKLEDGE FL	5.4 CITY-ST-ZIP	Rockledge FL 32955
TITLE	S	6.1 TITLE	D
NAME	THIMLAR, BRENDA	6.2 NAME	MEADE, TOM
STREET ADDRESS	916 BERYE DR.	6.3 STREET ADDRESS	874 Brookview Ln
CITY-ST-ZIP	ROCKLEDGE FL	6.4 CITY-ST-ZIP	Rockledge FL 32955

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Janice N. Lee

3/23/98

407-639-9459

CR2E037 (10/97)